

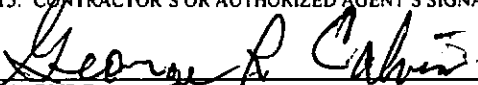
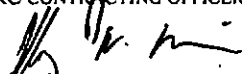
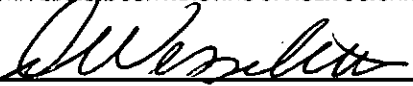
EMERGENCY EQUIPMENT RENTAL AGREEMENT

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|--|--|---|--------------------|--------------------|--------------------|--|--|
| 1. ORDERING OFFICE (name and address) Department of Natural Resources & Conservation Attn: Jeff Williams PO Box 201601 Helena MT 59620-1601 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT | | | | | |
| | | 2. AGREEMENT NUMBERS: DNRC: DNR-085290-33 FS: AG-0343-C-08-3064 BLM: ESE 080632 | | | | | |
| 4. CONTRACTOR a. name and address Calvin Equipment PO Box 347 Lucile ID 83542 | | 3. EFFECTIVE DATES a. beginning 6/1/08 | | b. ending 5/31/09 | | | |
| | | 5. POINT OF HIRE (location when hired) Location at time of hire. | | | | | |
| Tax ID DUNS: | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <u> X </u> CONTRACTOR <u> </u> GOVERNMENT | | | | | |
| c. telephone number (day) 208-628-3412 | d. telephone number (night) Same | 7. OPERATOR FURNISHED BY <u> X </u> CONTRACTOR <u> </u> GOVERNMENT | | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> VETERAN/DISABLED VETERAN <input type="checkbox"/> HUB ZONE <input type="checkbox"/> LOCAL GOVT?FED> EMPLOYEE | | | | | | | |
| 9. ITEM DESCRIPTION | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY | | 12. SPECIAL | | 13. GUARANTEE (8 or more hours) | |
| | | a. rate | b. unit | a. rate | b. unit | | |
| Custom Wash Station- 10 sink | 1 | \$1500.00 | Day (1 to 7 days) | | | | |
| | | \$1500.00 | Day (8 to 30 days) | | | | |
| | | \$1500.00 | Day (31 + days) | | | | |
| Service calls/Delivery/Pickup: 10 units or less to a location. | | N/A | mi. (See 14.d.) | N/A | N/A | N/A | |
| Additional Service Calls (per unit, If ordered) | | N/A | Ea. | N/A | N/A | N/A | |
| Remote Travel Hourly Rate-Primitive Roads – See Division A 2.2 of IFB 075360. | | \$25.00 | Hr. | N/A | N/A | N/A | |
| Mileage over 50 mile radius (50 miles one way or 100 miles round trip). If a vendor is claiming mileage over the 50 radius, the vendor must submit documentation from one of the online route/direction web sites. | | Not Listed | Mi. | N/A | N/A | N/A | |
| Reset Fee within camp area. | | \$500.00 | Ea. | N/A | Mi. (See 14.e.) | N/A | |
| Delivery/Relocation | | \$1000.00 | Ea. | N/A | N/A | N/A | |
| 14. SPECIAL PROVISIONS | | | | | | | |

- (a.) The Provisions of IFB 085290 CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.
- b. For service calls, mileage shall be calculated from the contractor's base or lodging point to the sink location and return to one of the above. Service includes cleaning, sanitizing and refilling of supplies.
- c. On day of delivery a service charge will be made only if another service call plus mileage to the site is required that same day. There will be no pickup charge except for service and mileage the last day.
- d. 10 units or less: full mileage will be paid for orders of 10 units or less. This applies to one or two sink units only.
- e. Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.
- f. A delivery fee per unit shall be paid on the first day regardless of mileage.
- g. Re-location fees shall be paid for re-locating units within the boundaries of the incident. Relocation fees shall be comprised of the reset fee plus mileage (or remote hourly rate) over one mile from the ICB location.
- h. Equipment furnished under the agreement is not subject to pro-rating on the 1st or last day.
- i. This EERA is void if not presented with a valid Incident Specific Resource Order or Number.
- j. **BILLING** - Each Host Agency is responsible for their incident payments.
- Payment office will be designated in Block 9 on the Emergency Equipment - Use Invoice, Form OF-286.
- Federal agency fire payments will be processed and paid by one of the national fire payment centers.
- The States of Montana, North Dakota, and Idaho will process payments for their fires.
- k. The government will not pay mileage for the first 50 miles one way (100 miles round trip) for delivery or service calls. The extra mileage payment is for a maximum of one trip per day (exclusive of extra service calls ordered by the incident) and is to be computed from the vendor's base or lodging point to the incident(s) and back to their base or lodging point.
- l. Greywater disposal and re-filling sink units with potable water will be the governments responsibility.

**** For the purpose of this EERA, an operational period is 24 hours. (0001-2400)**

Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs

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| 15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE  | 15. a. PRINT NAME AND TITLE George R. Calvin BURNER | 15. b. DATE 5-7-08 |
| 16. DNRC CONTRACTING OFFICER'S SIGNATURE  | 16. a. PRINT NAME AND TITLE Jeffrey W. Williams, Purch Agt. | 16. b. DATE 5/19/08 |
| 17. FEDERAL CONTRACTING OFFICER'S SIGNATURE  | 17. a. PRINT NAME AND TITLE Deborah Wesselius, CO | 17. b. DATE 5/21/08 |